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TRANSMITTAL
FORM

(To be used for all correspondence after May 1, 2001)

Total Number of Pages in This Submission

Application Number	107799-403
Filing Date	03/12/2004
First Named Inventor	BRIAN G. GOODMAN, et al.
Art Unit	2609
Examiner Name	P. KARINA
Total Number of Pages in This Submission	18
Attorney Docket Number	TJUS200440024US1

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Atattività/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscapes Table on CD	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

firm name	INTERNATIONAL BUSINESS MACHINES CORPORATION		
Signature			
Printed name	JOHN H. HOLCOMBE		
Date	July 20, 2007	Reg. No.	29,620

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	JOHN H. HOLCOMBE		
	Date		

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to be given by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2006

Form pursuant to the Patent Law Revision Act, 2000 (PL 106-388, 40 U.S.C. 151).

FEE TRANSMITTAL

For FY 2007

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$): **-0-**

Complete if Known

Application Number	10/759,401
Filing Date	03/12/2004
First Named Inventor	BRAN G. GOODMAN, et al.
Examiner Name	P. KARIMI
Art Unit	2630
Attorney Docket No.	LUCE20040601US1

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify) _____

Deposit Account Deposit Account No. 08-0449 Deposit Account Name IBM CORPORATION

For the above-stated deposit account, the filer is hereby authorized to (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fees or underpayments of fee(s) Credit any overpayment

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-8500.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility	300	150	500	250	200	100	-----
Design	300	150	100	50	120	60	-----
Plant	300	150	300	150	160	80	-----
Reissue	300	150	500	250	600	300	-----
Provisional	200	100	0	0	0	0	-----

2. EXCESS CLAIM FEES

Fee Description

	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Each claim over 20 (including Reissues)		30		35
Each independent claim over 3 (including Reissues)		200		100
Multiple dependent claims		300		100
Total Claims	Extra Claims	Fee (\$)	Fee (\$)	Fee (\$)
1-20 = 20 x 10 =	0	0	0	0
NP = highest number of total claims paid for, if greater than 20				
Independent Claims	Extra Claims	Fee (\$)	Fee (\$)	Fee (\$)
1 - 3 = 3 x 10 =	0	0	0	0
NP = highest number of independent claims paid for, if greater than 3				

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)(3)), the application size fee due is \$2.00 (\$1.25 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

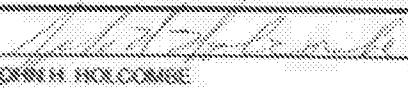
Fee Type	Extra Sheets	Fee (\$)	Fee (\$)
Size Fee	Number of each additional 50 or fraction thereof (rounded up to a whole number)	Fee (\$)	Fee (\$)

4. OTHER FEES

Non-English Specification: \$1.00 fee (for small entity discount)

Other (e.g., late filing surcharge): _____

5. SIGNATURE

Signature		Post Office Box 28, 2000	Telephone: (301) 759-6000
Signer's Title	Attorney	Atty. No. 100-1000	Date: 3/12/2007

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